

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 01/07/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RESIDENCES AT DEER CREEK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 EAST US 30 SCHERERVILLE, IN 46375</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the PSR on 10/15/13 to the Investigation of Complaint IN00137654 completed on December 2, 2013.</p> <p>Complaint IN00137654-Corrected</p> <p>Survey date: January 7, 2014</p> <p>Facility number: 013069 Provider number: 013069 AIM number: N/A</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type: Residential: 70 Total: 70</p> <p>Census payor type: Other: 70 Total: 70</p> <p>Sample: 3</p> <p>Residences at Deer Creek was found to be in compliance with 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the PSR to the Investigation of Complaint IN00137654.</p> <p>Quality review completed on January 8, 2014, by Janelyn Kulik, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE